

EXHIBIT B

Please complete each section. The completed and signed form should be returned to our head office marked for the attention of our Compliance Department.

SECTION 1A - IDENTIFICATION DETAILS

Company/Fund/Trust Name:

The Goldstein Law Group PC 401(k)
Profit Sharing Plan FBO
Sheldon and Scott Goldstein

Legal Name:

Trading Name:

Registered Office

Building Name/Number:

(6)

Street Name:

Broadway - Suite 1915

Town/City:

New York, NY

Postal/Zip Code:

10006

Country:

USA

Address for Correspondence (If different from above)

Building Name/No. and Street:

5532 Lillehammer Lane, Suite 103

Town/City:

Park City, UT

Postal/Zip Code:

84098

Country:

USA

Please provide reason for alternative address:

Address of POA

Registered Details

Registered Number:

[REDACTED]

Country of Incorporation:

USA

Date of Incorporation:

October 28, 1999

Company Background

Industry Sector:

Pension

Where this is a Private Investment Vehicle, please specify source of investment funds:

[REDACTED]

Trading Responsibility (order placing) - Are you (Please tick relevant box):

Trading on a Proprietary Basis/own account

Trading on behalf of underlying beneficial owners via an Omnibus arrangement

Trading through a management arrangement company (Fund Manager,
Commodity Trading Advisor (CTA), Broker) Please complete Section 1B

Fund Incorporation

Name of Umbrella/Master Fund (If applicable):

Address:

Name of Protected Cell / Feeder Fund (if applicable):

Name of Prime Brokers:

Name of Administrator:

Address of Administrator:

Contact name at the Administrator:

If any of the above are regulated, please provide name and country of the regulator:

Ownership Structure

Publicly listed

Please provide Name of Exchange for Primary listing

Private:

Government Owned:

Please provide registration reference No.:

Beneficial Owners (25% and over)

We are obliged to ensure that we identify and verify the ultimate beneficial ownership of any account that we open. Accordingly, please disclose any shareholders/trustees or beneficiaries having an interest of 25% or more in the entity above, either directly or through chain of ownership. We will require full identity and address verification for any individual declared. (Please see attached checklist.)

Name:

Scott H. Goldstein

Address:

601 Broadway Suite 1915, New York, NY 10066

% of Ownership:

50

Name:

Sheldon Goldstein

Address:

601 Broadway Suite 1915, New York, NY 10066

% of Ownership:

50

Name:

Address:

% of Ownership:

Name:

Address:

% of Ownership:

Does the company issue bearer shares?

Yes No

Controlling Individuals – Directors, Officers

We are required to verify at least two directors/controllers including all those signing this form.
 Please provide identification for such individuals as detailed in the enclosed Documentation Checklist.

Name:

Scott H. Goldstein

Address:

61 Broadway Suite 1915, New York, NY 10006 USA

Signing Authority (ie Sole / joint / A Signatory / B Signatory)

B Signatory

Name:

Sheldon Goldstein

Address:

61 Broadway Suite 1915, New York, NY 10006 USA

Signing Authority (ie Sole / joint / A Signatory / B Signatory)

A Signatory

Name:

Address:

Signing Authority (ie Sole / joint / A Signatory / B Signatory)

Name:

Address:

Signing Authority (ie Sole / joint / A Signatory / B Signatory)

Contact Details of Person(s) Nominated to Operate the Account

Name:

Stacey Kammer

Position:

Authorized Signatory

Telephone:

+1 435-604-0935

Telephone (Alternative):

+1 203-561-5954

Fax:

+1 435-604-0938

Email:

SK@acerinvest.com

Additional Contact Details

Name:

Position:

Telephone:

Telephone (Alternative):

Fax:

Email:

Politically Exposed Persons (PEP)

A Politically Exposed Person (PEP) is an individual who is, or has been, entrusted with prominent public functions, or is an immediate family member, or a known close associate, of such a person.

Is any individual stated in Section 1a politically exposed person (PEP)?

Yes No

If "Yes", please provide details:

SECTION 1B - MANAGEMENT COMPANY / BROKER / CTA DETAILS

We are obliged to obtain details of the directors/officers of the below company. Accordingly, please list their details and provide identification as per the Documentation Checklist.

Name of Management Company:

Type (e.g. IM, CTA, Broker):

Registered Address:

Operating Address:

Regulatory Authority Name:

Regulatory Jurisdiction:

Regulator Reference No.:

BIC Code:

Director/Officer-Name and Position:

Director/Officer-Name and Position:

Director/Officer-Name and Position:

Director/Officer-Name and Position:

SECTION 2 - EXISTING LINKS WITH E D & F MAN CAPITAL MARKETS LIMITED ("MCM")

- i. Does the Company/Trust/Fund have, or is it responsible for, any existing account held with MCM or any of its associated companies?

Yes No

If "Yes", please specify account number(s) and relationship:

- ii. Does the Company/Trust/Fund (or any person associated with it) have a financial interest in any existing account held with MCM, or any of its associated companies?

Yes No

If "Yes", please specify account number(s) and relationship:

- iii. Where the proposed account is a managed account, does the Management Company have, or is it responsible for, any existing accounts held with MCM or any of its associated companies?

Yes No

If "Yes", please advise details:

SECTION 3 - PRODUCTS TO BE TRADED

Exchange-traded Futures and Options, including Commodities	<input checked="" type="checkbox"/>
Equity CFD's	<input type="checkbox"/>
Securities (Custody settlement)	<input checked="" type="checkbox"/>
Stock Lending	<input checked="" type="checkbox"/>
Forward Freight	<input type="checkbox"/>
OTC Bullion	<input type="checkbox"/>
Foreign Exchange	<input checked="" type="checkbox"/>
Securities (DVP Equity / Cash Bonds)	<input checked="" type="checkbox"/>
Fixed Income Repo	<input type="checkbox"/>
OTC Commodities	<input type="checkbox"/>
Metals (On Exchange LME)	<input type="checkbox"/>
Emissions	<input type="checkbox"/>
Other OTC Derivatives	<input checked="" type="checkbox"/>

Anticipated volume of transactions per product:

Anticipated size of transactions per product:

Purpose of account (e.g. Hedging, Speculation, Long-Term Investment):

**PROVIDE RETIREMENT BENEFITS
VIA INVESTMENT INCOME**

SECTION 4 - CLIENT CLASSIFICATION

Please refer to your accompanying letter for your Client Categorisation. To ensure we have categorised you correctly, please complete the following set of questions. If you do not understand the nature of the risks involved, or if you would like further information before trading, please contact us.

Question A:

- Are you an authorised or regulated:
- Broker/Dealer
 - Bank
 - Insurance Company
 - UCITS / UCITS management company
 - Pension fund / pension fund manager

If yes, please provide details

Regulatory Authority Name: Regulatory Jurisdiction: Registered Number at Regulator:

- Are you a:
- Central Bank
 - Supranational Organisation
 - National Government

If you are none of the above, please complete Question B, otherwise go to Section 6.

Question B (i)

Are you an authorised or regulated collective investment scheme/scheme manager? Yes No

If yes, please provide details

Regulatory Authority Name: _____

Regulatory Jurisdiction: _____

Registered Number at Regulator: _____

Are you an organisation whose primary purpose is to invest its own assets or those held in trust by it for others e.g. investment trust, fund, etc? Yes No

If you are regulated, please provide details

Regulatory Authority Name: _____

Regulatory Jurisdiction: _____

Registered Number at Regulator: _____

Are you a dealer in commodities or commodity derivatives? Yes No

Are you a Regional Government? Yes No

Question B (ii)

Does the Company / Trust / Fund have a total Balance Sheet assets in excess of Euro 20,000,000? Yes No

Does the Company / Trust / Fund have a Net Turnover in excess of Euro 40,000,000? Yes No

Does the Company / Trust / Fund have a Net Worth in excess of Euro 2,000,000? Yes No

If you have not answered "Yes" to the questions in Question B (i) or to two or more of the questions in Questions B (ii), please complete Question C, otherwise go to Section 6.

Question C

A. Does the person/s nominated in Section 1 to operate this account currently work (or has worked) in the financial sector in a professional position for more than one year? Yes No

If Yes does/did this position require them to have knowledge of the transactions the Company / Trust / Fund intend to undertake with MCM? Yes No

B. Does the Company / Trust / Fund hold a financial instrument portfolio (Financial Instrument Portfolio" includes cash deposits & financial instruments (including equities, bonds, units in collective investment schemes/funds, etc.) which can currently be valued in excess of Euro 500,000? Yes No

C. Has the person/s nominated in Section 1 to operate this account carried out transactions, in markets comparable to those you wish to trade with us, at an average size of over Euro 50,000 and a frequency of 10 per quarter over the previous four quarters? Yes No

Referring to the person(s) nominated in Section 1, please answer all of the following 5 questions in relation to the products you have ticked in Section 3 above.

A. Do you have substantial experience of trading, making your own investment decisions? Yes No

B. Do you have adequate knowledge of the products you wish to trade? Yes No

- C. Do you understand the risks involved in trading these products? Yes No
- D. Do you understand that leveraged markets can be volatile and you could lose more than your original investment? Yes No
- E. Have you read and understood the accompanying Risk Disclosure document? Yes No

SECTION 5 - CUSTODY

Where you place stock with us to cover margin requirements you are advised that this will be held on a collateral basis and not in safe custody

- Do you intend place stock with us on a Custody basis? Yes No

SECTION 6 - BASE CURRENCY

If you default under our Agreement, we have certain rights to convert all losses and gains in respect of transactions between us into the base currency to calculate a Liquidation or Settlement Amount.

Please select a base currency for our Agreement. If you do not tick a box here, the base currency will be US Dollars, or, if you are resident in Switzerland, Swiss Francs.

US Dollars Pounds Sterling Euros Swiss Francs

SECTION 7 - PAYMENT INSTRUCTION AND BANKING INFORMATION

Please provide details of the Bank account that you will use to make and receive payments in connection with the trading activities on your account. Please note that we intend to use these details for all future payments that you may request.

Should you wish to change your payment instructions and banking information, we will need 48 hours notice to implement the change. All such changes must be in writing and signed by you.

Please check with your Bank or financial institution (as the case may be) that the account nominated is able to accept electronic transfers.

Your nominated Bank account name must be in the same name as your account with MCM - Please note we do not make payments to nor receive payments from 3rd parties,

Name and branch of Bank or other financial institution where account is held:

J.P. Morgan Chase, NY

Address of Bank or other financial institution where account is held:

One Chase Plaza

New York, NY

10005

USA

National Financial Services LLC

USD

Account Number:

[REDACTED]

IBAN (Compulsory for Euro Instructions):

[REDACTED]

Sort Code/ABA/BIC/Swift:

Bank ETF Code:

For Further Credit details ("FFC") (if applicable) **The Gold Stein Law Group, PC 401K
Profitsharing Plan FBO Sheldon E. Goldstein**
ACCT# [REDACTED]

Yes No

Will all remittances be from the account specified above?

If "No", please supply additional bank details on a separate sheet signed and dated by you.

SECTION 8 - CONFIRMATIONS AND STATEMENTS

Confirmations and statements can be accessed at <https://statements.edfmancapital.com>

We will issue daily confirmations to you electronically.

SECTION 9 - AGREEMENT & SIGNATURES

By completing and signing this Application Form we acknowledge that:

- The information provided by us in this Form and otherwise is accurate and complete and we will notify you of any material changes to this information.
- We accept E D & F Man Capital Markets Limited Terms of Business and in particular we:
 - i. accept the Client Categorisation under FSA Rules notified to us in the Cover Letter to these Terms and Conditions unless otherwise agreed in writing;
 - ii. consent to the terms of the Execution Policy as it may be amended from time to time;
 - iii. consent to Clause 14 of the Terms and Conditions (Default, Netting and Termination);
 - iv. consent to our orders being executed off a regulated market or multi-lateral trading facility;
 - v. accept that assets placed with E D & F Man Capital Markets Limited will be dealt with in accordance with of Clause 10(b) of the Terms and Conditions (Assets Transferred) and confirmed in our Cover Letter or unless otherwise agreed separately;
 - vi. acknowledge that we have read and understood the Product and Service Risk Disclosures and Execution Policy (if applicable);
 - vii. acknowledge that E D & F Man Capital Markets Limited does not give investment advice or make investment recommendations; and
 - viii. agree that E D & F Man Capital Markets Limited may send us information regarding new products and services which they believe may be of interest to us.

Print Name:

Signature:

Date:

SHELDON E. GOLDSTEIN
Sheldon Goldstein
3/23/2012

do we
need 2nd
signature.

PLEASE ENSURE THAT YOU HAVE READ AND UNDERSTOOD EACH OF THE DOCUMENTS REFERRED TO IN THE AGREEMENT AND SIGNATURES SECTION 9 (ABOVE). IF YOU HAVE NOT RECEIVED ANY OF THESE DOCUMENTS, PLEASE CONTACT US IMMEDIATELY.

When returning this form, please ensure that you have enclosed the relevant documents detailed in the Documentation Checklist.

If you have any questions, please contact your representative via our switchboard.